

# Attachment 2a

## Sample of a Special Managed Care Program Disenrollment Notice

**Please save this notice in a safe place.**

You are no longer a member of this managed care program (MCP). You may still be eligible for Medicaid. If you are, you can go to any health care provider that accepts Medicaid.

<b>ID Number</b>	<b>Participant Name</b>	<b>MCP Disenrollment Date</b>	<b>Managed Care Program</b>
123456789	Brown John J	01/01/2000	

**Questions about this notice?**  
**Call Medicaid Recipient Services at 1-800-362-3002.**

BMHCP 1208S (5/99)  
Department of Health and Family Services  
Division of Health Care Financing